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Attorneys for CoreCivic Defendants

IN THE UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MONTANA  
GREAT FALLS DIVISION

NATHANIEL LAKE

Plaintiff,

v.

CORECIVIC, LLC, d/b/a  
CROSSROADS CORRECTIONAL  
CENTER; WARDEN PAT MCTIGHE;  
TODD HORN and DOES 1-10

Defendants.

Case No. 4:21-CV-00116-BMM-JTJ

**DEFENDANTS' FIRST COMBINED  
DISCOVERY REQUESTS TO  
PLAINTIFF**

DEFENDANTS, CoreCivic, Inc., Crossroads Correctional Center, Warden Pat McTighe, and Todd Horn ("CoreCivic Defendants") submit the following discovery requests to be answered under oath by you within 30 days of the day service is made upon you, pursuant to Rule 26 and other applicable Federal Rules

of Civil Procedure. Service of this document is made on the date this document was mailed to you as stated on the attached certificate of service.

### **DEFINITIONS AND INSTRUCTIONS**

1. These discovery requests are continuing in character, so as to require you to promptly serve supplemental answers pursuant to Rule 26(e), Federal Rules of Civil Procedure, if you obtain further or different information at any time before trial. CoreCivic Defendants, and the rules of procedure, require that you promptly supplement your responses to provide any information you may acquire after serving your initial responses.

2. Unless otherwise indicated, these discovery requests refer to the time, place and circumstances of the occurrence(s) mentioned or complained of in the documents filed with the Court.

3. The term "document" or "writing" as used herein, means all formats and media in which any data or information of any kind can be stored preserved, or recorded. "Document" or "writing" includes, but is not limited to all files, correspondence, records, reports, papers, e-mail, documents, books, letters, faxes, diaries, journals, manuals, minutes of meetings, corporate records, telegrams, messages, communications, press releases, newspaper or magazine articles, handwritten notes, typed or printed notes, charts, graphs, drawings, photographs, films, photographic negatives, memoranda, contracts, financial statements,

consultants' reports, appraisals, estimates, receipts, checks, canceled checks, credit card records, bank records and statements, letters of credit, tax records, assessments, vouchers, surveys, calendars, appointment books, whether in your possession or under your control or not, and includes, without limitation, photostating, photographic, scanned, and every other means of preserving a verbatim or summary record of any form of communication or data, representation, including letters, words, pictures, sounds, symbols, or any combination thereof, and all drafts and final copies thereof. "Document" also includes audiotape, videotape and voice mail; as well as all information or data stored in electronic, digital, or optical formats, including all information or data on any and all formats or media accessible by or compatible with a computer. A request for a document includes a request for all cover pages, indexes, tables, tables of contents, annotations, supplements, addenda, attachments and appendices thereto.

4. In answering these discovery requests, you are required to and must furnish CoreCivic Defendants with all information which is available to you upon reasonable inquiry, including information in the possession of agents of yourself, friends, acquaintances and not merely such information from your personal knowledge.

5. If you cannot answer any of the following discovery requests in full, after exercising due diligence in attempting to do so, so state and answer the remainder,

stating whatever information or knowledge you have concerning the unanswered portion.

6. In each instance in which you are asked to identify a document or writing, state with respect to such document or writing:

- a. The name and address of each person who signed such writing, if any;
- b. The date, if any, appearing on the writing as to the date thereof;
- c. In lieu of items (a) and (b) above, describe the content of the document in such manner and with sufficient particularity to enable such document to be identified in connection with a request for production;
- d. Whether the original of such writing is in your possession;
- e. Whether any carbon or photographic or other copy or facsimile thereof is in your possession, if in fact the original is not in your possession. If the document or writing or a copy thereof is not in your custody or control, provide the name, business affiliation, and address of the person or persons who have custody or control of the original or copy; and
- f. In lieu of identifying a document or writing, you may furnish, as an exhibit to the answers, a copy of the document or writing, designating the number of the discovery request or requests to which the document is responsive.

7. In each instance in which you are asked to identify a person, please answer by stating:

- a. The full name of each such person; and
- b. The residence address of such person, by street and number, city or post office and state, or if the residence address is unknown, the business address of such person, by street and number, city or post office and state.

8. A request to identify a conversation, if any, should be answered by setting forth:

- a. Its date, time and place;
- b. The identity of each person or persons participating;
- c. The substance of the matters discussed;
- d. Whether there are any writings concerning the conversation; and
- e. Identifying each such writing in accordance with the instructions to these discovery requests.

9. The term "person" includes natural persons, partnerships, limited partnerships, associations, leagues, corporations, governments (including all departments, agencies, bureaus, instrumentalities, officers, agents, and subdivisions thereof), trusts, funds and all other business and artificial entities.

10. "Complaint" means your most recently filed and served Complaint or Amended Complaint(s) in the above-captioned case.

11. You are instructed to produce all documents and things which are responsive to the following requests for production or before 30 days from the date



of service of these discovery requests at the offices of Browning, Kaleczyc, Berry & Hoven, P.C. You may copy the requested documents and mail them to the aforementioned office by the same date, or if you choose to deliver the documents in person, please call ahead at (406) 443-6820 to arrange a mutually agreed upon time and date for their delivery.

**DISCOVERY REQUESTS**

**INTERROGATORY NO. 1:** Please identify all persons who were involved in any manner in providing your responses to these discovery requests.

**ANSWER:**

**INTERROGATORY NO. 2:** Please identify specifically and in detail all injuries which you contend were caused by any of the CoreCivic Defendants in this matter. For each injury, please specify who you contend caused the injury, the exact manner in which such injury was caused, the date and time the injury was caused, and whether the injury is ongoing or has resolved (and if resolved, identify when and how the injury resolved).

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 1:** Please produce all documents and tangible things which relate to the injuries you identified in response to Interrogatory No. 2.

**RESPONSE:**

**INTERROGATORY NO. 3:** Identify all damages you contend resulted from the actions or omissions of any of the CoreCivic Defendants in this matter. For each category of damages you identify, please identify the monetary amount of damages, the method of calculating such damages, and the facts which you contend support your claim for that category of damages. This interrogatory is intended to include, but is not limited to, identification of all wage loss, emotional distress, pain and suffering, and medical bills.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 2:** Please produce all documents upon which you rely in support of your claims for damages, including but not limited to all receipts, invoices, statements, etc. which support your damages claims.

**RESPONSE:**

**INTERROGATORY NO. 4:** Please identify each medical provider, including name, address, and telephone number who treated you for the specific conditions alleged in Your complaint or in subsequent pleadings. For each provider identified, please provide a brief summary of the treatment sought and obtained including dates of treatment provided.

**ANSWER:**

**INTERROGATORY NO. 5:** Please identify all medical and/or healthcare providers you have been treated by for any purpose during the past 10 years, and please provide a brief summary of the treatment sought and obtained including dates of treatment provided.

**ANSWER:**

**INTERROGATORY NO. 6:** Please identify all mental health care providers you have consulted with or otherwise obtained any care from in the past 20 years. For each provider, please provide a brief summary of the care sought including dates such care was provided.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 3:** Please produce all medical records, including mental health records, from the providers identified in response to Interrogatory Nos. 4 and 5 and 6, or if you do not have these documents in your possession, please execute the attached release of medical information which will allow CoreCivic Defendants to obtain these medical records.

**RESPONSE:**

**INTERROGATORY NO. 7:** Please identify all medical concerns, conditions and ailments that you allege you continue to suffer as a result of the altercation which you allege in your Complaint occurred on or about September



17, 2018 at Crossroads Correctional Center, and for each please identify specifically what treatment you have sought for each.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 4:** Please produce all documents showing or otherwise related to the medical concerns, conditions and ailments you identified in response to Interrogatory No. 7 and treatment for each.

**RESPONSE:**

**INTERROGATORY NO. 8:** Please identify with particularity, and separately for each CoreCivic Defendant, all facts which you contend support your claim for punitive damages.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 5:** Please produce all documents showing medical expenses you have incurred as a result of the altercation you allege occurred on or about September 17, 2018 at Crossroads Correctional Center.

**RESPONSE:**

**INTERROGATORY NO. 9:** Please describe what alleged permanent physical and mental effects (i.e., speech, gait, and memory impairment) you continue to suffer from relating to the altercation that you allege occurred on or about September 17, 2018 at Crossroads Correctional Center.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 6:** Please produce all medical records relating to your alleged permanent physical and mental effects as a result of the altercation you allege occurred on or about September 17, 2018 at Crossroads Correctional Center.

**RESPONSE:**

**INTERROGATORY NO. 10:** Please describe what continued medical care and any other treatment you are receiving related to your alleged permanent physical and mental effects relating to the altercation that you allege occurred on or about September 17, 2018 at Crossroads Correctional Center.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 7:** Please produce all documents relating to the continued care you are allegedly receiving as a result of the altercation you allege occurred on or about September 17, 2018 at Crossroads Correctional Center.

**RESPONSE:**

**INTERROGATORY NO. 11:** Please state with particularity the medical care, mental health care and any other treatment or care you expect to obtain in the future which you claim arises from the altercation you allege occurred on or about September 17, 2018 at Crossroads Correctional Center.

**RESPONSE:**

**REQUEST FOR PRODUCTION NO. 8:** Please produce for copying and inspection all documents which support your response to the preceding interrogatory regarding future medical, mental health or other care.

**RESPONSE:**

**INTERROGATORY NO. 12:** Please state with particularity your educational background, including what schools you have attended, the dates of attendance, and your highest degree obtained. Please also identify any other education or workforce training you have attended and whether and when it was completed.

**ANSWER:**

**REQUEST FOR PRODUCTION NO. 9:** Please produce for copying and inspection all records reflecting your highest degree obtained, whether it be high school or college and any grades received from such institution.

**RESPONSE:**

**INTERROGATORY NO. 13:** Please state your complete employment history. For each employment you have had, identify your employer, the dates of employment, your job duties, your reasons for terminating such employment, and identify your direct supervisor.

**ANSWER:**

DATED this 1<sup>st</sup> day of July, 2022

BROWNING, KALECZYC, BERRY  
& HOVEN, P.C.

By: 

Chad E. Adams

Attorneys for CoreCivic Defendants

### CERTIFICATE OF SERVICE

I hereby certify that on the 1<sup>st</sup> day of July 2022 a true copy of the foregoing was mailed by first-class mail, postage prepaid, addressed as follows:

Melinda A. Driscoll  
Fred Law Firm, PLLC  
214 N. 24th Street  
P.O. Box 2157  
Billings, MT 59103-2157



BROWNING, KALECZYC, BERRY &  
HOVEN, P.C.

**AUTHORIZATION FOR DISCLOSURE OF HEALTHCARE INFORMATION**

NAME: Nathaniel Lake DOB: 1/18/1982 SSN: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

**THIS IS TO AUTHORIZE THAT MEDICAL INFORMATION REGARDING THE IDENTIFIED PERSON BE RELEASED:**

From: \_\_\_\_\_ To: Browning, Kaleczyc, Berry & Hoven, PC  
Address: \_\_\_\_\_ PO Box 1697  
City/State/Zip: \_\_\_\_\_ Helena, MT 59624

The Information to be released is to be used for the purpose of:

☐ Attorney ☐ Personal ☐ At the request of the individual  
☐ Work Comp ☐ Disability ☐ Other \_\_\_\_\_

**I REQUEST RELEASE OF THE FOLLOWING SPECIFIC INFORMATION FOR SPECIFIC DATE OF SERVICE:**

☐ History & Physical ☐ Operative Report ☐ X-ray ☐ Emergency  
☐ Discharge & Summary ☐ Physician's Orders ☐ Lab ☐ Pathology  
☐ Consultation ☐ Progress Notes ☐ Meds ☐ Entire Visit

Other: \_\_\_\_\_  
Specific Treatment Dates: \_\_\_\_\_

- You have the right to revoke this authorization by doing so in writing and submitting your request to the Medical Records Department of \_\_\_\_\_. Your revocation will not apply to information that has already been disclosed in reliance on this authorization.
- I understand that authorizing disclosure of my protected health information is voluntary and that I need not sign this authorization in order to assure medical treatment.
- Once the information is disclosed, it may be subject to re-disclosure by the recipient and federal privacy laws or regulations may no longer protect the information.
- I release the above named facility from liability and claims of any nature pertaining to the disclosure of requested protected health information pursuant to this authorization.
- This authorization expires upon the occurrence of \_\_\_\_\_ or on the following date: \_\_\_\_\_ (but not more than 6 months from the date of this authorization.)
- A machine copy, in any form, of this document will be as effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date